

OFFICE OF THE SURGEON GENERAL  
Technical Information Division  
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16 November 1944

SGO OFFICERS ADDRESS MILITARY SURGEONS CONFERENCE

Representing the Office of The Surgeon General, the following officers addressed the 52nd annual meeting of the Association of Military Surgeons of the United States, which was held this month (Nov. 2, 3, 4) in New York City.

Major General Norman T. Kirk, The Surgeon General, gave the opening address and the dinner address on Friday evening.

Brigadier General Raymond W. Bliss, USA, Assistant Surgeon General, was presiding officer for the War Surgery forum in which Colonel Augustus Thorndike, MC, Director, Reconditioning Consultants Division, spoke on the reconditioning program in the Army. A paper on rehabilitation by the Army Dental Corps, prepared by Lieutenant Colonel John C. Brauer, DC, Assistant to the Director, Dental Division, was read by Colonel Charles M. Taylor, MC, Surgeon of the 2nd Service Command.

In the Chemotherapy forum, Brigadier General Hugh J. Morgan, USA, Chief Consultant in Medicine, spoke on the treatment of gonorrhea and syphilis in the Army. In the Medical Topics forum, Brigadier General James S. Simmons, USA, Chief, Preventive Medicine Service, spoke on the malaria control program of the Army, and Colonel William C. Menninger, MC, Chief Consultant in Neuropsychiatry, spoke on the relationships of neuropsychiatry to general medicine and surgery in the Army. In the Medical Combat Problems forum, Colonel Thomas B. Turner, MC, Director, Civil Public Health Division, spoke on civil public health in overseas theatres of operation.

Critical Need for Army Nurses Continues

Out of 27,000 recruiting letters sent by the Army Nurse Corps to nurses classified as 1-A for military service by the War Manpower Commission, only 710 replies have been received, and less than a third of these are from nurses qualified for commissions.

While the drive to recruit Army nurses lags, the number of patients being evacuated from overseas to the United States has been increased almost 300%. In addition the overseas requirements for nurses continues to grow, with the quota for the month of December alone set at approximately 1000 nurses.

COLONEL MENNINGER RECEIVES LASKER AWARD

At the annual meeting of the National Committee for Mental Hygiene in New York City, November 9, the first annual Lasker Award in Mental Hygiene was presented to Colonel William C. Menninger, MC, Chief Consultant in Neuropsychiatry. The award this year was given for "outstanding contribution to the mental health of the men and women of our Armed Forces."

The citation states that under Colonel Menninger's direction "preventive psychiatry has been enhanced by a series of lectures on personal adjustment for all officers and enlisted men" and that "through his efforts the emphasis on diagnosis and disposition has been shifted to active treatment, retraining and reconditioning for resumption of military duty or return to civilian life." The citation further states that "Colonel Menninger has taken very much to heart the difficulties that confront the soldier discharged for neuropsychiatric disability. He has taken every opportunity and mean to correct the popular misunderstanding of these diagnoses."

In making the presentation, Brigadier General Raymond W. Bliss, USA, Assistant Surgeon General, commented on the fact that the principles and techniques of mental hygiene have not only been utilized to promote the strength and soundness of our forces, but to safeguard and build up the health and stamina of individual men in service. Thus the benefit will carry over into peacetime.

## GENERAL KIRK ADDRESSES MILITARY SURGEONS

Major General Norman T. Kirk, The Surgeon General, made the opening address at the 52nd Annual Meeting of the Association of Military Surgeons in New York City this month. He outlined briefly the progress made by the medical profession in this war, which, he stated, had advanced medicine fifteen years. He then went on to say that the responsibility of the Army Medical Department did not end with getting soldiers well quickly and soundly but extended to giving those returning to civilian life "every possible aid to get them back on their feet." This, he explained, meant preparing them to return home and resume their normal way of life. General Kirk then called on the military surgeons to help educate the public on how to receive these men, the majority of whom, he said, want to be considered as self-reliant human beings and want a job -- not a lot of sob-sister sympathy.

### Pay Allowances for Women Medical Officers

Legislation under which women officers of the Army Medical Corps will be entitled to receive the same pay allowances for their dependents as are paid to all other commissioned personnel of the Army became effective on October 1.

An act authorizing the commissioning of women physicians in the Medical Corps was approved in April 1943, and provided that they should "receive the same pay and allowances and be entitled to the same rights, privileges and benefits as members of the Officers Reserve Corps of the Army." The Comptroller General subsequently ruled that they were not entitled to allowances for dependents.

The new law, designed to meet the Comptroller General's objections, is not retroactive to the date of women officers' commissions. The dependents for whom allowances may be paid are "husband, a child or children, or a parent or parents in fact dependent" upon the officer "for their chief support."

Approximately 75 women have been commissioned to date in the Medical Corps.

### ARMY TREATMENT OF GONORRHEA AND SYPHILIS TOLD BY GENERAL MORGAN

In September 1944, the penicillin supply problem had eased to the point where the Army made penicillin the drug of choice in the treatment of gonorrhea and limited the use of the sulfonamides to cases which did not respond to adequate penicillin therapy or where penicillin was not available through normal supply channels.

Outlining the treatment to The Military Surgeons, Brigadier General Hugh J. Morgan, USA, Chief Consultant in Medicine to The Surgeon General, said that "the initial treatment schedule recommended is 20,000 units intramuscularly every three hours for a total dosage of 100,000 units. Patients in whom a favorable response is not obtained by the third day are re-treated with 100,000 units. When patients fail to respond to the second course, a third course of penicillin totaling not less than 300,000 units, administered in 20,000 unit doses every three hours is recommended. Should this fail, sulfathiazole or sulfadiazine is used, employing a dosage of 4 grams initially, followed by 1 gram every four hours day and night for five days."

"It is too early, of course," said General Morgan, "to evaluate the effect of this new policy regarding the treatment of gonorrhea. There is every reason to believe that we shall look upon it in retrospect as constituting one of the most conspicuous advances made during this war in military medicine, in light of its almost certain favorable effect upon morbidity and noneffectiveness, and this in spite of a rising incidence rate."

In October 1944, the penicillin treatment of syphilis was authorized throughout the Army. "The total dosage for early syphilis and latent syphilis," said General Morgan, "is 2,400,000 units given in sixty consecutive intramuscular injections of 40,000 units at three hour intervals day and night for seven and one-half days. No additional anti-syphilitic therapy is to be given during or after the completion of the course of penicillin, except in the case of penicillin treatment failures. Prior to October 11, 1944, this method of treatment had been authorized for overseas theaters. Since that date it applies also to the zone of interior. Within the limits imposed by this short period of study, we have reason to believe that this method of treating syphilis will be every bit as effective and much less dangerous than any treatment plan heretofore employed."

## GENERAL MCCORNACK DIES

Brigadier General Condon C. McCornack, USA, one of the outstanding medical officers of the Army, died this month (Nov. 5) at the age of 64. Burial took place at Eugene, Ore., his home.

General McCornack was particularly noted for his work in tactical medicine and was awarded the Legion of Merit for his services in this field during the present war while serving first as surgeon and later as Deputy Chief of Staff of the Fourth Army and Western Defense Command.

Born in St. Helena, Calif., General McCornack received his B.S. degree from the University of Oregon in 1901 and his medical degree from Jefferson Medical College, Penn., in 1904. He graduated from the Army Medical School in 1910, was an honor graduate from the School of the Line in 1920, graduated from the General Staff School in 1921 and from the Army War College in 1925.

During his thirty-four years as an Army surgeon General McCornack served in the Philippines, China and Hawaii. He was an instructor at the General Staff School at Ft. Leavenworth, Kan., from 1921 to 1924, and at the Army War College, Washington, D. C., from 1925 to 1929. He was Assistant Commandant at Carlisle Barracks, Penn., where he was an instructor at the Medical Field Service School from 1929 to 1931. For the next four years he was attached to the General Staff at Washington, D. C., in charge of the Budget and Legislative Planning Branch.

At the time of his retirement in May 1944, General McCornack was Chief Surgeon of the Western Defense Command and Fourth Army with headquarters in San Francisco.

He is survived by his widow, Mrs. Nina McCornack, of 2140 Charnealton St., Eugene, Ore.

## VIRUS TYPE EQUINE ENCEPHALOMYELITIS

All three types of equine encephalomyelitis viruses known to be present in the Western Hemisphere are capable of producing fatal encephalitis in man, according to Colonel Raymond Randall, VC, of the Army Veterinary School at Washington, D. C. In a paper presented at the annual meeting of the Association of Military Surgeons, Colonel Randall pointed out that the relatively high mortality rate of the human disease emphasizes the importance of this horse disease from the public health standpoint.

In 1941 more than 3,000 human cases were reported in the United States and Canada. Most of them occurred in North Dakota, South Dakota, Nebraska and Canada, North Dakota having the highest incidence with 1,080 cases and 96 deaths. Cases were also reported from California and Washington. The mortality rate among the human cases varied in different areas from 8 to 20 per cent, adult male farm workers having the highest incidence. This is in contrast with the Eastern type infection which in the outbreaks thus far recorded was predominantly a disease of children and had a mortality rate of approximately 75 per cent. In many instances during the midwestern epidemic of 1941 the Western type encephalomyelitis virus was isolated and it appears that the St. Louis encephalitis virus played a very minor role in the outbreak.

The evidence is ample, Colonel Randall said, that equine encephalomyelitis is transmitted by insects, particularly mosquitoes, and its control involves anti-mosquito measures. Horses and mules may be protected against the disease by the annual administration of chick tissue vaccines. A vaccine suitable for human use has been developed in the Army Veterinary School, Colonel Randall said, and can be made available if indications for its use should develop.

## GENERAL SIMMONS HONORED BY AMERICAN SOCIETY OF TROPICAL MEDICINE

At the annual meeting of the American Society of Tropical Medicine in St. Louis this month, Brigadier General James S. Simmons, USA, Chief of the Preventive Medicine Service, was presented (Nov. 15) with the Walter Reed Medal. This Medal "cast in bronze" was established by the Society in 1934 to be awarded periodically to an individual or an institution in recognition of meritorious achievement in tropical medicine.

## RECENT PROMOTIONS, MEDICAL CORPS OFFICERS

### Lieutenant Colonel to Colonel

RALPH VERNON PLEW, Linton, Ind. JOSEPH AUGUSTUS CRISLER, Memphis, Tenn. IRA ALFRED FERGUSON, Atlanta, Ga. ALBERT ALFRED BIEDERMAN, Ft. Leavenworth, Kan. JOSEPH FRANKLIN BORG, St. Paul, Minn. ELDRIDGE HOUSTON CAMPBELL JR., Albany, N. Y. JOHN SIMS CRUTCHER JR., Athens, Ala. LUCIUS HAYNES FOWLER, Minneapolis, Minn. FRANCIS FRENCH HARRISON, Cooperstown, N. Y. PERCY KLINGENSTEIN, New York, N. Y.	JAMES ADDISON KIRTLEY, JR., Nashville, Tenn. HERMAN LANDE, New York, N. Y. JOHN POWELL WILLIAMS, Richmond, Va. JOHN KNOX CULLEN, Pittsburg, Penn. BERT STANFORD THOMAS, Sacramento, Calif. FRANK DENNETTE ADAMS, Brookline, Mass. JAMES CLAYTON HARDING, Washington, D.C. JOHN HAROLD TALBOTT, West Newton, Mass. MARCUS DEMOSTHENES WHITE, Ontario, Calif. THOMAS LOWRY WARING, Iowa City, Iowa
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### Major to Lieutenant Colonel

WILLIAM PATTON MCKNIGHT, Gettysburg, Penn. KENDALL ADAMS ELSOM, Narberth, Penn. ROBERT ARMAND GROFF, Pering Valley, Penn. JOHN HAAG ECKEL, New York, N. Y. EUGENE ROGER SULLIVAN, Fall River, Mass. JOHN LEO DEVINE, JR., West Minot, N. D. MILTON WILLIAM EISENSTEIN, Chicago, Ill. ROSS LAURIER GAULD, Baltimore, Md. OTTIS GRADY HIRST, Prescott, Ark. FRANK HUBER, White Plains, N. Y. LUKE AMBROSE KNESE, Billings, Mont. GEORGE THEODORE RICH, Grand Forks, N. D. JOHN DEWEY ROGERS, Adrian, Mich. JOHN BURTON SCHOENFELD, Bloomfield Hills, Mich. FRANK ERNEST SOHLER, JR., Cloverdale, Calif. SAMUEL HERMAN SPITZ, New York, N. Y. JOHN LAWSON STAPLETON, Columbus, Ga. PERRY CLEMENT TALKINGTON, Dallas, Tex. SAMUEL AARON WEISS, Denver, Calif. G. HOWARD GOWEN, Ann Arbor, Mich. JAMES PORTER BAKER, Richmond, Va. JOHN BURKE, Buffalo, N. Y. HARVEY OGDEN EREK, St. Paul, Minn. EDWARD FRANKLIN BLAND, Boston, Mass. BENJAMIN BOSHES, Chicago, Ill. GEORGE ANDREW DUNCAN, Norfolk, Va. DAVID KING GOTWALD, Nashville, Tenn. ANDREW DEJARNETTE HART, Charlottesville, Va. HENRY UNDERWOOD HOPKINS, Philadelphia, Penn. ELDON CLYDE MOHLER, Ponca City, Okla. FRANK MEYERS, Buffalo, N. Y. JOSEPH BANK, Phoenix, Ariz. WILLIAM HAMILTON FRACKELTON, Milwaukee, Wis. WINTON TELFAIR STACY, St. Joseph, Mo. RALPH SOTO-HALL, San Francisco, Calif.	GEORGE KENYON CARPENTER, Nashville, Tenn. FRANK PETER GUIDOTTI, Trenton, N. J. DAVID DODGE MOORE, New York, N. Y. JAMES LEWIS BLANTON, Fairmont, W. Va. GLEN WARD LEE, Indianapolis, Ind. RENO RUSSELL PORTER, Brookline, Mass. ALFRED BRIGULIO, Washington, D. C. REGINALD CHARLES FARROW, Syracuse, N. Y. CHARLES JOSEPH MOROSINI, Scranton, Penn. JACKSON MASH THOMAS, Wellesley, Mass. GEORGE KAPLAN, Woodside, N. Y. FRANCIS MURPHEY, Memphis, Tenn. THEODORE HENRY PAULI, Pontiac, Mich. GEORGE CLYDE BERGMAN, Inglewood, Calif. HERMAN BUSH, Beaver Falls, Penn. JAMES HOWARD DWINELLE, Rye, N. Y. CHARLES FRANCIS SWEIGERT, San Francisco ERNEST MARVIN TAPP, Walla Walla, Wash. JOHN RANDOLPH PAINE, Minneapolis, Minn. JOHN THOMAS SMILEY, Mt. Vernon, S. D. GEORGE ALBERT SYWASSINK, Muscatine, Iowa CHARLES CLAY TRABUE, Nashville, Tenn. LESLIE FRANK WILCOX, Grasse Point Park, Mich. ROBERT PATRICK CAMPBELL, San Antonio, Tex. HAROLD AUGUSTUS VINSON, Alva, Okla. PHILIP WALLING BROWN, Rochester, Minn. MILTON HENRY CLIFFORD, Cambridge, Mass. JOHN WESLEY COBURN, East Orange, N. J. HERBERT CONWAY, New York, N. Y. CARL ARVID DALGREN, Concord, N. H. CLIFFORD CARLTON FRANSEEN, Newton Centre, Mass. JEREMIAH EVERETS GREENE, Newton Centre, Mass. JOHN HARTWELL HARRISON, Brookline, Mass. BENJAMIN PAUL LAFSKY, Washington, D. C. JERRY WILLIAM MOBERTS, Sheboygan, Wis.
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### BRITISH WOMAN ARMY DOCTOR HONORED

Lieutenant Colonel Albertine Winner, RAMC, Director of the Women's Medical Services of the British Army, was guest of honor at a dinner given (Nov. 9) by Major General Norman T. Kirk, The Surgeon General. Attending the dinner were representatives from the Office of The Surgeon General, prominent women officers from the various branches of the Services, leading Government women and members of the British Army Staff.

Major General George F. Lull, USA, Deputy Surgeon General, acted as toastmaster. Colonel Winner spoke on the work of British women in the British Army, and Major Margaret Janeway, MC, Office of The Surgeon General, talked on the activities of women in the Medical Department of the Army of the United States.

Colonel Winner's visit to this country included the annual meeting of The Military Surgeons and an inspection tour of various WAC installations.

## MAJOR LYONS RECEIVES LEGION OF MERIT FOR PENICILLIN RESEARCH

Major Champ Lyons, MC, of West Newton, Mass., has recently been awarded the Legion of Merit because according to his citation, "he initiated and guided the methods by which the new and potent agent, penicillin, has been utilized in the treatment of the seriously wounded." His citation continues:

"From the most forward mobile hospitals of Italy to the large general hospitals of the Interior, he personally operated upon and studied the treatment of the wounded, instructing his seniors and subordinates alike in a change of surgical procedures which is productive of better results. Lives and limbs of soldiers have been saved, and the disability and deformity of wounds materially reduced. His professional judgment, combining a basic knowledge of the science of bacteriology with skill and experience in practical surgery, has cast new light on the age-old problem of wound surgery. At no time has he spared himself mentally or physically, and the example he has set is an inspiration to all surgeons in the service."

Major Lyons is a native of Pennsylvania. He attended Harvard Medical College, where he received his medical degree in 1931. He entered the Medical Corps with the rank of major in 1943.

### Departures, Office of The Surgeon General

LIEUTENANT COLONEL WILLIAM H. L. WESTBROOK, JR., MC, of Franklin, Va., formerly assigned Administration Branch, Hospital Division, Operations Service, assigned as Executive Officer of McGuire General Hospital, Richmond, Va.

LIEUTENANT COLONEL SETH O. CRAFT, PC, of Carlisle, Penn., formerly in Hospital Division, Operations Service, assigned as Executive Officer, Letterman General Hospital, San Francisco, Calif.

CAPTAIN DANIEL J. LUCITT, MAC, of Buffalo, N. Y., formerly in the Storage and Maintenance Division, Supply Service, assigned to School of Military Government, Charlottesville, Va.

FIRST LIEUTENANT RICHARD A. BLACKBURN, CE, of Cleveland, Ohio, formerly in the Technical Information Division, assigned to Navy School of Military Government, Princeton, N. J.

### ARMY MALARIA CONTROL THREEFOLD PROBLEM SAYS GENERAL SIMMONS

The Army has made great progress in the control of its No. 1 disease hazard, malaria, according to Brigadier General James S. Simmons, USA, Chief of the Preventive Medicine Service, who described Army methods of malaria control to The Military Surgeons meeting in New York City this month. In the Army, the problem has two aspects, General Simmons said -- control in base areas and protection of troops in combat. The first is primarily mosquito control, and specially trained personnel are required to produce effective results. The malaria control organization in the Army Medical Department includes medical officers trained in malarology, and small survey and control units headed by parasitologists, entomologists and sanitary engineers.

The second aspect -- protection of troops in forward and combat areas -- depends upon individual measures of protection in addition to mosquito control, according to General Simmons, and strict malaria discipline must be established and enforced. Soldiers must be drilled in the use of repellents, sleeping nets, protective clothing and insecticide sprays in the same way they are trained to use combat weapons.

Concerning the third aspect -- the possible spread of malaria in this country by returning soldiers -- General Simmons said that members of the armed forces who have had malaria will be given sufficient treatment to render them free from demonstrable parasites before they are discharged. In addition, men who have had malaria or served in malarial regions are advised to seek prompt medical attention and have a blood smear for malarial parasites in case of illness with fever.

However, he added, prevention of malaria in this country, as elsewhere, depends essentially upon the control of the malaria carrying mosquito.

## CIVIL PUBLIC HEALTH WORK OVERSEAS

Colonel Thomas B. Turner, MC, Director, Civil Public Health Division, Preventive Medicine Service, told The Association of Military Surgeons at its annual meeting about the work of the Army civil public health officers overseas.

"The principal mission of the civil public health group," he said, "is to insure that among the civilian population there do not exist health conditions likely to impede military operations, either through extension of disease to military personnel or by causing unrest or uncooperativeness on the part of civilians sufficient to hamper essential community services. In addition there are certain basic obligations for the health of civilian populations which a military governing authority assumes under International Law."

"It should be emphasized that of necessity the civil public health program must operate with a minimum of Army personnel, simply because only a handful of physicians can be spared for these duties. Civil public health officers have often been criticized for appearing not to be doing very much, but actually their function is to appraise a given situation, outline a few clear and practical objectives, organize and direct local health and medical personnel, and assist in obtaining medical supplies essential to the program. Except under unusual circumstances, for the civil public health officer to attempt to treat patients or to operate a clinic would be a mis-direction of energy."

### A Letter to The Surgeon General

Many GI's write letters of appreciation to the medical officers and other Medical Department personnel who attend them. At least one grateful patient wanted to make sure that Washington, too, was appreciative and wrote direct to The Surgeon General. His letter follows:

Dear Sir;

Perhaps at this time when the whole Medical Corps of our Army is making such a fine reputation for itself the world over it might be considered unfair to single out a single unit for praise, but I find myself compelled to do so. I refer to the 50th Gen. Hosp. of which I have been a patient for about three weeks. The care, attendance and treatment have been far above anything a soldier could hope for. In fact it has been superior to any hospital -- military or civilian -- with which I have been acquainted. This applies not only to the doctors, Major Leavitt, Capt. Durstein, and Capt. Emil who attended me along with Lts. Gray, Lincoln and McCaig (ANC) but also to Capt. Fry and Lt. Boyle, both M.A.C. who went out of their ways to do things so much appreciated by an enlisted man. The enlisted personnel here carry on the efficiency of the officers.

Gratefully,  
(Sgt.) Elton S. Rollins

Such letters add weight to the statement that this country's armed forces receive the finest medical care in the world.

### ARMY DOCTOR AWARDED SILVER STAR

Captain Edward I. Lederman, MC, of Baltimore, Md., has recently been awarded the Silver Star. The citation accompanying the award declares that "he was the assistant surgeon of an infantry battalion engaged in combat with a determined group of enemy located in advantageous positions on high ridges on Biak Island, New Guinea, May 28, 1944. Several casualties were incurred, putting a strain on the facilities of the battalion aid station. He therefore moved forward to advance units to render medical assistance with less delay. Under severe fire, he gave medical assistance to the wounded and expedited their evacuation to the rear. During withdrawal from the position across an open beach, he stopped to aid a severely wounded man. His outstanding acts required a great deal of courage and initiative, and the results of his work saved the lives of many soldiers."

Captain Lederman was born in Cleveland, Ohio. He received his medical degree in 1941 from the University of Cincinnati, and entered the service as a first lieutenant in 1942, and was promoted to captain in 1943.

## RESULTS OF ARMY RECONDITIONING

In a little over a year of operation reconditioning has been developed to a stage where twelve thousand patients a week are being discharged to duty from the Army hospitals in the continental United States.

This statement, made by Colonel Augustus Thorndike, MC, Director of the Reconditioning Consultants Division, gave added point to his talk on the Army's reconditioning program before The Military Surgeons.

In summing up its results Colonel Thorndike said that the reconditioning program as now operating in Army hospitals has accomplished its mission of reducing the hospital readmission rate and the average period of hospitalization; has returned better conditioned soldiers to duty; and is returning disabled veterans to civilian life better fitted physically and mentally and better prepared to resume an independent, self-supporting existence.

In short, Colonel Thorndike said, reconditioning helps patients to help themselves!

### Dental Work in Army

According to Lieutenant Colonel John C. Brauer, Assistant to the Director of Dental Division, any man who has two jaws can now qualify dentally for the Army.

In a paper which was read to The Military Surgeons at their 52nd annual meeting, Colonel Brauer said that over a million men who lacked the teeth to chew their food had been rehabilitated by the Army Dental Corps and made eligible for Army service. In addition, thousands of other men have been made eligible or kept dentally fit for Army service through the insertion of 55,000,000 fillings.

### NEW ASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

MAJOR L. E. MORRISETT, MC, of Greenwich, Conn., formerly Chief of the Ear, Nose and Throat Section, Borden General Hospital, Chickasha, Okla., assigned Chief of the Otolaryngology Branch, Surgical Consultants Division.

MAJOR I. SMITH HOMANS, JR., SnC, of Hartford, Conn., formerly Field Representative, St. Louis Medical Depot, assigned to the Storage and Maintenance Division Supply Service.

MAJOR KENNETH E. HUDSON, MC, of Oklahoma City, Okla, assigned to Personnel Service, Military Personnel Division.

MAJOR IRA H. DEGENHARDT, MC, of Highland Park, N. J., formerly at Camp Butner, N. C., assigned to Mobile and Overseas Operation Division, Operations Service

### MAJOR GREIZMAN RECEIVES LEGION OF MERIT

Major Saul Greizman, MC, of Pittsburg, Penn., has recently been awarded the Legion of Merit for "exceptionally meritorious conduct in the performance of outstanding service in the Solomon Islands from July 22, 1943 to April 7, 1944" Born in Romanov, Russia, Captain Greizman graduated from the University of Pittsburg in 1929 with the degree of B.S., and received his medical degree from the Vanderbilt University School of Medicine in 1934. He entered the Medical Corps as a first lieutenant in 1942, and was promoted to major in July of this year.

### COLONEL HALL APPOINTED DIRECTOR OF MILITARY PERSONNEL DIVISION

Lieutenant Colonel Durward G. Hall, MC, of Springfield, Mo., has been assigned as Director of the Military Personnel Division, Personnel Service, Office of The Surgeon General. Colonel Hall has been with the Office of The Surgeon General since 1941, and prior to his new assignment was Chief of the Strategic and Logistics Planning Unit, Operations Service. Born in Cassville, Mo., Colonel Hall obtained his B.S. Degree from Drury College, Springfield, Mo., and his medical degree from Rush Medical College in Chicago in 1934. A member of the Army reserve since 1935, Colonel Hall entered active duty as first lieutenant in 1941, was promoted to captain the same year, to major in 1942 and later that year to Lieutenant Colonel.

## COLONEL MENNINGER TALKS ON NEUROPSYCHIATRY

Speaking on the relationships of neuropsychiatry to general medicine and surgery in the Army, Colonel William C. Menninger, MC, Chief Consultant in Neuropsychiatry, told the Association of Military Surgeons that every medical officer, regardless of his training or specialty, is confronted with a considerable number of psychiatric problems.

As a guide to those who have not specialized in the psychiatric field, Colonel Menninger elaborated on ten points to be observed and avoided. These were: 1. The failure to adequately or correctly assess the relative importance of the psychological along with the physical factors in disease, (assuming the illness to be entirely organic or entirely emotional). 2. Failure to take an adequate history of the emotional factors involved. 3. Failure to establish rapport with a patient. 4. Failure to recognize the importance of the particular emotional factors in Army patients (it may be the situation that is tough rather than the man who is weak). 5. Over-examination (physical), which may make the patient think he has a baffling illness or has felled the physician. 6. Over-hospitalization (which causes the patient over-concern). 7. Over-emphasis on treatment of a physical nature (which convinces patient he has an organic difficulty). 8. Mistaking organic for functional illness. 9. Use of scientific nomenclature in diagnosis without sufficient explanation to patient. 10. False evaluation of statistics (efficiency of the unit, not a paper record, is the Medical Department's goal).

### New Hospital Car

On November 13, the first of a new type hospital car for use in the United States was opened for inspection in Washington, D. C.

These new unit-type cars are not converted pullmans, but are designed and built as hospital cars. They are ten feet longer, are air-conditioned, accommodate 38 patients and attendant personnel. Each includes two rows of triple-tiered beds, two compartments with three beds each, a stainless steel kitchen equipped with refrigeration, ice cream cabinet and coal range; a receiving room with four-foot side doors for loading and unloading litter patients; two roomettes, each with toilet and shower, for the medical staff or seriously ill patients; and a baggage compartment. The car also carries a modern pharmacy unit and sterilizing equipment and in case of emergency either the receiving room or one of the roomettes can be converted quickly into an operating room.

The Glemon-type, steel-frame beds are adjustable and unoccupied center bunks can be dropped to provide seating accommodations for ambulatory patients.

Six more of these cars are to be put in operation this month, 18 in December and 75 during January, February and March of next year -- bringing the total to 100, in addition to the 120 converted hospital cars now in use.

### GENERAL LULL ADDRESSES GRAY LADIES

Speaking this month before the first graduation class of the hospital course for Gray Ladies held at the station hospital at Ft. Belvoir, Va., Major General George F. Lull, Deputy Surgeon General, emphasized the important relationship between hospital personnel and the sick soldier, with special reference to the soldier returning from overseas. The Gray Ladies are a Red Cross volunteer organization who perform various services for hospitalized men in the Armed Forces.

### ARMY-NAVY "E" AWARDED HYLAND LABORATORIES

The Hyland Laboratories of Los Angeles, Calif., received the Army-Navy Production Award this month for their excellent record in the processing of blood plasma for the armed forces. Representing the War Department, Colonel Edward Reynolds, MAC, Chief of the Supply Service, Office of The Surgeon General, presented the award and Commander E. S. Lowe, MC, representing the Navy, presented the "E" insignia. Colonel Royal K. Stacy, MC, Commanding Officer of the Los Angeles Medical Depot, represented The Surgeon General at the ceremonies while Colonel A. C. Miller, MC, the Commanding Officer, Birmingham General Hospital, Van Nuys, Calif., represented the Ninth Service Command.